# NOTIFICATION OF COMPLETION – CERTIFICATE PROGRAM

**OLD DOMINION UNIVERSITY**
**OFFICE OF THE UNIVERSITY REGISTRAR**
**1009 Alfred B. Rollins Hall**
**Norfolk, VA 23529**
**757-683-4425**
**FAX 757-683-5357**
**DegreeWorks@odu.edu**

**Name** _____ **University Identification Number** _____
Last First MI

**Level**: ☐ Undergraduate ☐ Graduate

**Certificate Program (Catalog title only)**:_____

******CERTIFICATE PROGRAM USE ONLY******

***To be completed by the certificate program coordinator and submitted to the Office of the University Registrar at DegreeWorks@odu.edu by the last day of examinations of the semester in which the certificate is completed.***

Certificate requirements are based on the 20_____ Catalog. Hours Required for Certificate: _____

**List completed courses and courses to be completed in the current semester required for the certificate.**

| SUBJECT | COURSE NUMBER | SUBJECT | COURSE NUMBER |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**SUBSTITUTIONS**

Required Course:_____ Substitution: _____

Required Course:_____ Substitution: _____

Prior to awarding the certificate, the Office of the University Registrar will verify that all course requirements and total credit hours have been successfully completed and confirm the student is in good academic standing and meets the required minimum GPA requirements.

**The Office of the University Registrar will award the certificate and a paper certificate will be issued to the student.**

**Approved by:**

_____ _____ _____
Certificate Coordinator Name (Print) Certificate Coordinator's Signature Date

_____ _____ _____
Departmental Chair Name (Print) Departmental Chair's Signature Date